

**January 2017**



## **Texas Natural Gas Vehicle Grant Program**

### **Reimbursement Forms**

**For All TNGVGP Contracts**

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**INSTRUCTIONS FOR REQUESTING REIMBURSEMENT ON YOUR GRANT**

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**HOW TO SUBMIT A REQUEST FOR REIMBURSEMENT:**

**Use the attached forms to request reimbursement for eligible expenses.** Before filing a Request for Reimbursement, you must have completed at least one grant Activity in the Contract. You must have paid for the project expenses unless you finance the acquisition of the qualified purchase through a secured loan, a lease purchase or other similar financing arrangement, and desire the TCEQ to make payments to the Participating Dealer listed in the Contract, or other pre-approved financing entity. You must submit documentation of the expenses with your request. Payment will not be made until all documentation showing that the vendor of the qualified purchase being financed has been paid for the costs related to the qualified purchase. The documentation requirements are located in the Contract in the General Conditions Request for Reimbursement section. The same person (Grantee's Authorized Representative) who signed the Contract or a person so authorized in the original application and/or Contract, must sign the Request for Reimbursement Form. The forms submitted must contain original signatures.

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**1. FILL OUT FORM 1 - AMOUNT REQUESTED & ASSIGNMENT:**

**A. PAYMENTS TO GRANTEE:** If the Grantee paid for the project costs, then the payment may go directly to the Grantee. On Form 1, complete ONLY SECTIONS 1, 3, and 4. In Section 1, using the TCEQ Contract, enter the TCEQ Contract Number and the Total Grant Award for all approved activities. Use the total from (all) the Form 2a(s) to enter the Amount Of This Request. Enter YES or NO as to whether this is the Final Request for Reimbursement. The Grantee's Authorized Representative must sign the Certification Statement in Section 3. If this is the **final request**, sign the Release of Claims in Section 4.

**B. PAYMENT ASSIGNMENT:** If the grant payment is to go directly to an Assignee (either the Participating Dealer or other pre-approved financing entity), complete all the information requested in Section 2 of Form 1. An authorized representative of the Assignee must complete the Assignee information in Section 2. The Authorized Representatives of *both* the Grantee and the Assignee must sign the Assignment section in the appropriate locations. The Authorized Representative of the Grantee must sign the Certification Statement in Section 3, and if this is the final request, the Release of Claims in Section 4 must also be signed. In addition, the Assignment Information Form must be completed and submitted.

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**2. FILL OUT FORM 2 - OTHER FINANCIAL INCENTIVES:**

**A. CERTIFICATION:** All financial incentives and/or tax credits received or that are expected to be received for the natural gas vehicle(s) must be reported. If no incentives or credits have been received, sign the certification and skip the remainder of Form 2 and complete and attach the Form 2a for each activity being requested.

**B. FINANCIAL INCENTIVES:** This form must be completed for all activities for which Grantees have received or are eligible and expect to receive other financial incentives and tax credits. A separate Form 2 should be submitted for activities with different amounts of other financial incentives and tax credits, different Incremental Costs (see Section 2 below), and/or different grant award amounts.

**Sections A & B:** Using the instructions provided, enter the Activities that apply to these financial incentives

**Section C:** Calculating the Actual Incremental Cost (**Line 3.c.**): The Incremental Cost is the quoted price the Natural Gas Vehicle/Engine (**Line 1.c.**) less the quoted price of an equivalent (baseline) gas/diesel vehicle/engine (**Line 2.c.**).

**Section D:** In **Line 1.d.**, enter the amount of the financial incentive to be applied to each Activity. **Line 2.d.**, the Eligible Cost Per Activity, is the Incremental Cost less the financial incentive.

**Section E:** In **Line 1.e.**, enter the approved Grant Amount per Activity. Different Grant Amounts will require the use of a different Form 2.

**Section F:** In **Line 1.f.**, enter the lesser amount of **Line 1.e.** or **Line 2.d.** In **Line 2.f.**, enter the total number of Activities listed in Section B. In **Line 3.f.**, multiply the Amount Requested per Activity (**Line 1.f.**) by the Total Number of Activities (**Line 2.f.**) and enter this amount.

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**3. FILL OUT FORM 2a - DETAILED EXPENSE SUMMARY:**

**Fill out a Detailed Expense Summary Form for each Activity completed and payment is being requested for.** Each form requires an Activity number. The Activity numbers are in your Contract in the Scope of Work.

Fill out the Detailed Expense Summary for each activity using the instructions on the form. Sample forms are included for reference. Attach the required documentation behind each form. **REMEMBER - WE CANNOT PROCESS A PAYMENT UNTIL YOU HAVE SUBMITTED ALL THE REQUIRED DOCUMENTATION.**

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**MAILING INSTRUCTIONS**

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**Mail the completed forms and the required documentation to the address below. Forms must have original signatures.**

It is VERY IMPORTANT that all of the information listed below be included on your mailing label to ensure the Request goes to the correct office.

**Mail or deliver the request to:**

**Standard Mail**

Texas Commission on Environmental Quality  
Air Quality Division  
Implementation Grants Section, MC-204  
P.O. Box 13087  
Austin, TX 78711-3087

**Express Delivery**

Texas Commission on Environmental Quality  
Air Quality Division  
Implementation Grants Section, MC-204  
12100 Park 35 Circle  
Austin, TX 78753

**These forms and instructions are available on the TERP website <[www.terpgrants.org](http://www.terpgrants.org)>.**

**Texas Commission on Environmental Quality (TCEQ)**  
**TEXAS EMISSIONS REDUCTION PLAN (TERP) GRANT REIMBURSEMENT REQUEST**  
**Texas Natural Gas Vehicle Grant Program (TNGVGP)**  
**FORM 1 - REQUEST FOR REIMBURSEMENT**

**SECTION 1. CONTRACT INFORMATION SECTION**

TCEQ Contract Number (on top right hand corner of grant document):			
Total Amount of TCEQ Grant Award:			
Amount of This Request:			
Final Request? (Yes - If all Grant Activities are completed) (No - if some activities are not yet purchased):			
<b>Yes</b> <small>Enter an X if this is the Final Request</small>		<b>No</b> <small>Enter an X if there will be other Requests</small>	
GRANTEE (Legal Name on Grant) Address for grant payments - Include individual or entity name, address, city, state, and zip code.			
Name:			
City:	Address:		
	State:	Zip Code:	

**IS PAYMENT ASSIGNED?**

(Mark the Appropriate Box with an X below)

<b>Yes</b> <small>Complete Section 2 Below</small>		<b>No</b> <small>Skip to Section 3 Below</small>	
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**SECTION 2. ASSIGNMENT SECTION**

Assignee Name and Address for Grant Payments - Include individual or entity name, address, city, state, and zip code.			
Name:			
City:	Address:		
	State:	Zip Code:	
<p>I, (Printed Name of Grant Recipient's Authorized Representative), by this document hereby provide notice of assignment to the Texas Commission on Environmental Quality (TCEQ) of the assignment to (Printed Name of Assignee) of the payment not to exceed (Amount Requested) for the reimbursement of the associated eligible costs of acquiring the activity/activities identified in the grant contract executed between (Grant Recipient Name) and the TCEQ for award of a TERP Grant. Upon review and approval of the submitted required reimbursement forms and required supporting documentation, please forward the payment to (Assignee Name). By signing below, the (Assignee's Authorized Representative) hereby accepts the payment assignment on behalf of (Assignee Name) and agrees that upon receipt of the grant funds, all funds will be applied both: a) as a lump sum at the time of receipt, and b) strictly to the principal of the related loan or to the balance of the related lease agreement, as applicable, and not to any finance or interest charges or fees.</p>			
Printed Name of Grantee's Authorized Representative			
Grantee Name (The actual name on the contract):			
Assignee Name (The actual name of the entity that is to receive the payment):			
"Amount of This Request" (From Section 1 Above):			
<b>AUTHORIZED SIGNATURES FOR ASSIGNMENT</b>			
<small>Upon receipt of grant payments, Assignee will apply said grant payments to principal reduction or lease buy-down, as applicable.</small>			
GRANTEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:			
Printed Name:		Date:	
ASSIGNEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:			
Printed Name:		Date:	

**SECTION 3. GRANTEE'S CERTIFICATION**

<p>I certify to the best of my knowledge and belief that the data on this request for payment, including the data provided in the attached Detailed Expense Summary(s), is (are) correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award document.</p>			
GRANTEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:			
Printed Name:		Date:	

**SECTION 4. RELEASE OF CLAIMS SECTION**

(Sign this section only if payment has been requested for All Activities in the grant award)

<p>Subject to receiving all reimbursement due and payable to date, the recipient hereby releases all claims against the TCEQ and its officers, agents, and employees from any and all claims arising under or by virtue of the TCEQ's contract with the recipient.</p>			
GRANTEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:			
Printed Name:		Date:	

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)

TEXAS EMISSIONS REDUCTION PLAN (TERP)

FOR ALL TERP GRANT PROGRAMS

**ASSIGNMENT INFORMATION** (Only to be used when assigning payment. The entire form, i.e. every box/space should be completed.)

**1. Grant Recipient's Name:**

(As identified on the Signature Page (page 1) of the contract):

**3. Assignee Name and Mailing Address** (Enter the information below (on Lines 3a - 3h) related to the entity to whom assignment is being made, i.e. the entity that is to receive the reimbursement payment. The information entered on these lines must match the information provided on Lines 11a - 11g of Form 1)

**3a. Assignee Entity Name:**

(Enter the name of the entity to whom assignment is being made, as identified on Line 11a of Form 1):

**3b. Assignee In Care of:**

(Enter the name of the entity or department if the payment is to be sent In Care Of a particular entity or department.):

**3c. Assignee Attention:**

(Enter the name of the person or department if the payment is to be sent to the attention of a particular individual or department.):

**3d. Assignee Mailing Address:**

(Enter the mailing address of where the reimbursement payment is to be mailed):

**3e. Assignee Mailing Address (continued):**

(Enter the continuation of mailing address if needed (i.e. Floor #, Suite #, etc.):

**3f. Assignee Mailing City:**

(Enter the city associated with the mailing address identified on Line 3c above.):

**3g. Assignee Mailing State:**

(Enter the state associated with the mailing address identified on Line 3c above.):

**3h. Assignee Mailing Zip Code +4:**

(Enter the 5-digit zip code + the 4-digit code associated with the mailing address identified above.):

**Texas Commission on Environmental Quality  
Texas Emissions Reduction Plan (TERP)  
Texas Natural Gas Vehicle Grant Program (TNGVGP)  
Form 2 — Other Financial Incentives**

Section 1 OR Section 2 of this form must be completed for all activities.

**Section 1. Certification**

If the Grantee has **NOT** received other financial incentives, tax credits, or any other public financial assistance from another source to purchase this vehicle or engine, **complete Section 1 ONLY**. It is not necessary to fill out the remainder of this form (Form 2). If the Grantee has received other financial incentives or assistance since the Grant Application was submitted, skip Section 1 and complete Section 2.

**A. Grantee Name:**

**B. TCEQ Contract Number:**

**C. Does the response provided here apply to all activities on this Request? (Answer Yes or No)**

**D. If "No" is answered for Line C., list the activity #'s that apply to this response and complete Section 2 accordingly.**

I hereby certify on behalf of (**Grantee Name - see above**), that to the best of my knowledge and belief, since the Grant Application was submitted, no other financial incentives or tax credits have been received and none are expected to be received for the natural gas vehicle(s) included in this Request for Reimbursement.

**Signature of Grantee's Authorized Representative in Contract:**

**Title:**

**Date:**

**Section 2. Financial Incentives**

*This Section must be completed for all activities for which Grantees have received or are eligible and expect to receive other financial incentives and tax credits since the Grant Application was submitted.*

*A separate Form 2 should be submitted for activities with different amounts of other financial incentives and tax credits, different Incremental Costs and/or different grant award amounts.*

**A. Does this form apply to all activities on this Request?**

*(Answer Yes or No)*

**B. List the activity number(s) that apply to this form:**

*Use a separate Form 2 for Activities with different amounts of financial assistance/tax credits, different incremental costs (see Section C below), and/or different approved grant amounts.*

**C. Incremental / Cost to Grantee**

*Enter in Line 1.c. the invoiced amount using one of the new vehicle(s) or engine(s), including taxes, duty, protective in-transit insurance, and freight charges per vehicle or engine. Do not include loan fees, interest, consultant charges, financing, or other administrative costs. Enter in Line 2.c. the cost of the baseline diesel/gas vehicle/engine per the quote provided by the Participating Dealer. Attach a copy of the quote to this form.*

**1.c. Cost of Natural Gas Vehicle or Engine**

**2.c. Less Cost of Baseline Diesel/Gas Vehicle or Engine**

**3.c. Incremental Cost /Cost to Grantee (1.c. - 2.c.)**

**D. Eligible Cost Per Activity**

*Calculate the per activity amount of the Financial Incentives, and enter this amount in the space provided in Line 1.d. below.*

*Subtract the amount listed in Line 1.d. from the amount listed above in Line 3.c., and enter this amount in the space provided in Line 2.d.*

**1.d. Other Financial Incentives/Tax Credits**

**2.d. Eligible Cost Per Activity (Line 3.c. - 1.d.)**

**E. Approved Grant Amount per Activity**

*Enter in the space provided in Line 1.e. below, the Approved Grant Amount from the TCEQ Contract that applies to the activities listed above (use a different Form 2 if there are different approved grant amounts for the Activities).*

**1.e. Approved Grant Amount per Activity**

**F. Activity Amount Requested per Activity**

*In Line 1.f. below, enter the lesser of the Eligible Cost per Activity (Amount in Line 2.d. above) or the Approved Grant Amount per Activity (line 1.e. above).*

**1.f. Amount Requested per Activity (Enter the lesser amount of Line 1.e. or 2.d. above)**

**2.f. Total number of Activities listed in Section B**

**3.f. Total Amount Requested for all Activities listed above (Line 1.f. x 2.f.)**

**Texas Commission on Environmental Quality  
Texas Emissions Reduction Plan (TERP)  
Texas Natural Gas Vehicle Grant Program (TNGVGP)  
Form 2a — Detailed Expense Summary**

<b>1. TCEQ CONTRACT NUMBER:</b>			
<b>2. GRANT RECIPIENT NAME:</b>			
<b>4. ACTIVITY NUMBER:</b> (A SEPARATE FORM 2a MUST BE COMPLETED FOR EACH ACTIVITY INCLUDED IN THIS REIMBURSEMENT REQUEST.)			
<b>5. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM CONTRACT:</b>			
<b>6. AMOUNT REQUESTED FOR THIS ACTIVITY</b> (Enter either the Approved Grant Amount OR the amount for this Activity from Form 2 Line 1.f., if other Financial Incentives have been or will be received.)			
<b>7. REQUIRED SUPPORTING DOCUMENTATION</b>			
<p>Attach bills of sale, invoices with vehicle/engine specifications itemized or attached, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements. <u>A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u></p> <p>Please check appropriately for ALL of the following documentation items that you are submitting with this Request for Reimbursement:</p>			
Invoice(s)	<input style="width: 80px;" type="text"/>	Copy of Wire Transfer (s)	<input style="width: 80px;" type="text"/>
Bill of Sale (Sales Contract)	<input style="width: 80px;" type="text"/>	Copies of Canceled Checks	<input style="width: 80px;" type="text"/>
		Finance Agreement	<input style="width: 80px;" type="text"/>
		Lease Agreement	<input style="width: 80px;" type="text"/>
<b>8. METHOD OF PAYMENT, FINANCING, OR LEASE TERMS:</b>			
(Indicate with a checkmark the type of purchase: Cash, Regular Financing or Lease)			
Cash Purchase:	<input style="width: 80px;" type="text"/>	Regular Financing:	<input style="width: 80px;" type="text"/>
		Describe below	Lease:
			Indicate type of lease below
<b>Lease Purchase Financing:</b>			
(Lease-to-own; equipment will be purchased and retained at the end of the Lease. The lease-Purchase agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase.)		<input style="width: 80px;" type="text"/>	
<b>Lease:</b>			
(The equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract.)		<input style="width: 80px;" type="text"/>	
<b>Explain below the exact terms of the financing or lease agreement, including the term of the agreement, principal amount, the duration (in months), and amount of each installment:</b>			
<p><i>Note: The grant may only be used to reimburse principal amounts or lease payments already made (excluding interest, transaction fees, or finance charges) and/or upfront down payments on the purchase or lease to buy down future lease payments or other payment of principal for the purchase or repower of the vehicle. Your grant reimbursements may not be used to cover future obligations for payments under a lease agreement.</i></p>			
<b>9. EQUIPMENT/VEHICLE AND ENGINE INFORMATION</b>			
Enter below the information about the NEW vehicle or equipment and/or engine purchased. <u>If this is for a Repower, the vehicle make, model, VIN, and year must match the old vehicle/equipment information contained in the contract.</u>			
Equipment Model Year		Engine Manufacture Year	
Equipment Manufacturer		Engine Manufacturer	
Equipment Model		Engine Model	
VIN or Serial Number		Engine Serial Number	
Engine Test Group (Family Code) 12-Digit Alphanumeric found on Engine Plate			
Fuel Capacity (In Diesel Gallons Equivalent or DGE) (For Bi-Fuel, indicate "Single Tank" or "Dual Tanks" after DGE Capacity)			
Date NEW vehicle or Vehicle/Equipment/Engine was placed into service			